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| | | FOR OHF USE | | | | | |
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2004
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2004)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION
THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY
PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE
OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE
ANY INFORMATION ON OR BEFORE THE DUE DATE WILL
RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM
HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0042036

Facility Name: Alden of Waterford

Address: 2021 Randi Drive Aurora 60504
Number City Zip Code

County: DuPage

Telephone Number: (630) 851-7266 Fax # (630) 851-7585

IDPA ID Number: 36-4151443

Date of Initial License for Current Owners: 8/1/2001

Type of Ownership:

| | | | | | |
|--------------------------|-----------------------|-------------------------------------|-----------------------|--------------------------|--------------|
| <input type="checkbox"/> | VOLUNTARY, NON-PROFIT | <input checked="" type="checkbox"/> | PROPRIETARY | <input type="checkbox"/> | GOVERNMENTAL |
| <input type="checkbox"/> | Charitable Corp. | <input type="checkbox"/> | Individual | <input type="checkbox"/> | State |
| <input type="checkbox"/> | Trust | <input type="checkbox"/> | Partnership | <input type="checkbox"/> | County |
| IRS Exemption Code | | <input type="checkbox"/> | Corporation | <input type="checkbox"/> | Other |
| | | <input checked="" type="checkbox"/> | "Sub-S" Corp. | | |
| | | <input type="checkbox"/> | Limited Liability Co. | | |
| | | <input type="checkbox"/> | Trust | | |
| | | <input type="checkbox"/> | Other | | |

In the event there are further questions about this report, please contact:
Name: Steven M. Kroll Telephone Number: (773) 286-3883

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the
State of Illinois, for the period from 01/01/2004 to 12/31/2004
and certify to the best of my knowledge and belief that the said contents
are true, accurate and complete statements in accordance with
applicable instructions. Declaration of preparer (other than provider)
is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information
in this cost report may be punishable by fine and/or imprisonment.

| | | | |
|--|---|-----------|-----------|
| Officer or Administrator of Provider | (Signed) | | (Date) |
| | (Type or Print Name) | Joan Carl | |
| | (Title) | | |
| Paid Preparer | (Signed) | | (Date) |
| | (Print Name and Title) | | |
| | (Firm Name & Address) | | |
| | (Telephone) | () | Fax # () |
| | MAIL TO: OFFICE OF HEALTH FINANCE ILLINOIS DEPARTMENT OF PUBLIC AID 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630 | | |

Facility Name & ID Number Alden of Waterford

0042036 Report Period Beginning: 01/01/2004 Ending: 12/31/2004

| III. STATISTICAL DATA | | | | | |
|--|------------------------------------|-----------------------------|------------------------------|--|---|
| A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____ | | | | | |
| | 1 | 2 | 3 | 4 | |
| | Beds at Beginning of Report Period | Licensure Level of Care | Beds at End of Report Period | Licensed Bed Days During Report Period | |
| 1 | 99 | Skilled (SNF) | 99 | 36,234 | 1 |
| 2 | | Skilled Pediatric (SNF/PED) | | | 2 |
| 3 | | Intermediate (ICF) | | | 3 |
| 4 | | Intermediate/DD | | | 4 |
| 5 | | Sheltered Care (SC) | | | 5 |
| 6 | | ICF/DD 16 or Less | | | 6 |
| 7 | 99 | TOTALS | 99 | 36,234 | 7 |

| B. Census-For the entire report period. | | | | | | |
|---|---------------|---|-------------|--------|--------|----|
| | 1 | 2 | 3 | 4 | 5 | |
| | Level of Care | Patient Days by Level of Care and Primary Source of Payment | | | | |
| | | Public Aid Recipient | Private Pay | Other | Total | |
| 8 | SNF | 548 | 10,111 | 10,727 | 21,386 | 8 |
| 9 | SNF/PED | | | | | 9 |
| 10 | ICF | 4 | 2,852 | | 2,856 | 10 |
| 11 | ICF/DD | | | | | 11 |
| 12 | SC | | | | | 12 |
| 13 | DD 16 OR LESS | | | | | 13 |
| 14 | TOTALS | 552 | 12,963 | 10,727 | 24,242 | 14 |

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 66.90%

D. How many bed-hold days during this year were paid by Public Aid?
none (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
none

F. Does the facility maintain a daily midnight census? yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES ☐ NO ☒

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES ☐ NO ☒

I. On what date did you start providing long term care at this location?
Date started 12/29/2001

J. Was the facility purchased or leased after January 1, 1978?
YES ☐ Date _____ NO ☒

K. Was the facility certified for Medicare during the reporting year?
YES ☒ NO ☐ If YES, enter number of beds certified 77 and days of care provided 10,724

Medicare Intermediary Administar Federal, Inc

IV. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED CASH* ☐ CASH* ☐

Is your fiscal year identical to your tax year? YES ☒ NO ☐

Tax Year: 12/31/04 Fiscal Year: 12/31/04

* All facilities other than governmental must report on the accrual basis.

STATE OF ILLINOIS

Page 3

Facility Name & ID Number Alden of Waterford # 0042036 Report Period Beginning: 01/01/2004 Ending: 12/31/2004

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

| | Operating Expenses | Costs Per General Ledger | | | | Reclass-ification 5 | Reclassified Total 6 | Adjust-ments 7 | Adjusted Total 8 | FOR OHF USE ONLY | | |
|-----|--|--------------------------|---------------|------------|------------|------------------------|----------------------------|-------------------|------------------------|------------------|----|-----|
| | | Salary/Wage 1 | Supplies 2 | Other 3 | Total 4 | | | | | 9 | 10 | |
| | A. General Services | | | | | | | | | | | |
| 1 | Dietary | 390,916 | 27,635 | 9,600 | 428,151 | 386 | 428,537 | | 428,537 | | | 1 |
| 2 | Food Purchase | | 191,608 | | 191,608 | (16,752) | 174,856 | 7,638 | 182,494 | | | 2 |
| 3 | Housekeeping | 92,087 | 17,468 | | 109,555 | 756 | 110,311 | | 110,311 | | | 3 |
| 4 | Laundry | 35,279 | 20,370 | 1,344 | 56,993 | | 56,993 | | 56,993 | | | 4 |
| 5 | Heat and Other Utilities | | | 198,671 | 198,671 | | 198,671 | (3,366) | 195,305 | | | 5 |
| 6 | Maintenance | 41,788 | | 203,828 | 245,616 | | 245,616 | (27,886) | 217,730 | | | 6 |
| 7 | Other (specify):* Relatd party salary | | | 583 | 583 | | 583 | 17,928 | 18,511 | | | 7 |
| 8 | TOTAL General Services | 560,070 | 257,081 | 414,026 | 1,231,177 | (15,610) | 1,215,567 | (5,686) | 1,209,881 | | | 8 |
| | B. Health Care and Programs | | | | | | | | | | | |
| 9 | Medical Director | | | 74,400 | 74,400 | | 74,400 | | 74,400 | | | 9 |
| 10 | Nursing and Medical Records | 1,698,331 | 177,878 | 27,985 | 1,904,194 | 3,115 | 1,907,309 | (180,750) | 1,726,559 | | | 10 |
| 10a | Therapy | 97,580 | | | 97,580 | | 97,580 | | 97,580 | | | 10a |
| 11 | Activities | 84,880 | 2,451 | 6,053 | 93,384 | 23 | 93,407 | | 93,407 | | | 11 |
| 12 | Social Services | 32,950 | | | 32,950 | | 32,950 | | 32,950 | | | 12 |
| 13 | Nurse Aide Training | | | | | | | | | | | 13 |
| 14 | Program Transportation | | | | | | | | | | | 14 |
| 15 | Other (specify):* Relatd party salary | | | | | | | 13,406 | 13,406 | | | 15 |
| 16 | TOTAL Health Care and Programs | 1,913,741 | 180,329 | 108,438 | 2,202,508 | 3,138 | 2,205,646 | (167,344) | 2,038,302 | | | 16 |
| | C. General Administration | | | | | | | | | | | |
| 17 | Administrative | 90,994 | | | 90,994 | | 90,994 | | 90,994 | | | 17 |
| 18 | Directors Fees | | | | | | | | | | | 18 |
| 19 | Professional Services | | | 694,001 | 694,001 | | 694,001 | (560,891) | 133,110 | | | 19 |
| 20 | Dues, Fees, Subscriptions & Promotions | | | 48,697 | 48,697 | | 48,697 | (42,054) | 6,643 | | | 20 |
| 21 | Clerical & General Office Expenses | 164,848 | 24,082 | 105,159 | 294,089 | 60 | 294,149 | 16,750 | 310,899 | | | 21 |
| 22 | Employee Benefits & Payroll Taxes | | | 482,983 | 482,983 | 12,412 | 495,395 | (4,830) | 490,565 | | | 22 |
| 23 | Inservice Training & Education | | | | | | | | | | | 23 |
| 24 | Travel and Seminar | | | 9,371 | 9,371 | | 9,371 | 5,789 | 15,160 | | | 24 |
| 25 | Other Admin. Staff Transportation | | | | | | | | | | | 25 |
| 26 | Insurance-Prop.Liab.Malpractice | | | 86,430 | 86,430 | | 86,430 | 9,891 | 96,321 | | | 26 |
| 27 | Other (specify):* Relatd party salary | | | 310,179 | 310,179 | | 310,179 | (120,912) | 189,267 | | | 27 |
| 28 | TOTAL General Administration | 255,842 | 24,082 | 1,736,820 | 2,016,744 | 12,472 | 2,029,216 | (696,257) | 1,332,959 | | | 28 |
| 29 | TOTAL Operating Expense (sum of lines 8, 16 & 28) | 2,729,653 | 461,492 | 2,259,284 | 5,450,429 | | 5,450,429 | (869,287) | 4,581,142 | | | 29 |

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

| | Capital Expense | Cost Per General Ledger | | | | Reclass-ification | Reclassified Total | Adjust-ments | Adjusted Total | FOR OHF USE ONLY | | |
|----|--|-------------------------|-----------|-----------|-----------|-------------------|--------------------|--------------|----------------|------------------|----|----|
| | | Salary/Wage | Supplies | Other | Total | | | | | 9 | 10 | |
| | D. Ownership | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | | |
| 30 | Depreciation | | | 23,552 | 23,552 | | 23,552 | 283,520 | 307,072 | | | 30 |
| 31 | Amortization of Pre-Op. & Org. | | | | | | | 768 | 768 | | | 31 |
| 32 | Interest | | | 40,148 | 40,148 | | 40,148 | 632,845 | 672,993 | | | 32 |
| 33 | Real Estate Taxes | | | | | | | 34,188 | 34,188 | | | 33 |
| 34 | Rent-Facility & Grounds | | | 1,231,675 | 1,231,675 | | 1,231,675 | (1,231,675) | | | | 34 |
| 35 | Rent-Equipment & Vehicles | | | 5,817 | 5,817 | | 5,817 | 9,717 | 15,534 | | | 35 |
| 36 | Other (specify):* Mtge Ins | | | | | | | 41,498 | 41,498 | | | 36 |
| 37 | TOTAL Ownership | | | 1,301,192 | 1,301,192 | | 1,301,192 | (229,139) | 1,072,053 | | | 37 |
| | Ancillary Expense | | | | | | | | | | | |
| | E. Special Cost Centers | | | | | | | | | | | |
| 38 | Medically Necessary Transportation | | | | | | | | | | | 38 |
| 39 | Ancillary Service Centers | 261,615 | 796,846 | 1,235,779 | 2,294,240 | | 2,294,240 | (383,939) | 1,910,301 | | | 39 |
| 40 | Barber and Beauty Shops | | | | | | | | | | | 40 |
| 41 | Coffee and Gift Shops | | 102 | | 102 | | 102 | (102) | | | | 41 |
| 42 | Provider Participation Fee | | | 54,352 | 54,352 | | 54,352 | | 54,352 | | | 42 |
| 43 | Other (specify):* | | | | | | | | | | | 43 |
| 44 | TOTAL Special Cost Centers | 261,615 | 796,948 | 1,290,131 | 2,348,694 | | 2,348,694 | (384,041) | 1,964,653 | | | 44 |
| 45 | GRAND TOTAL COST (sum of lines 29, 37 & 44) | 2,991,268 | 1,258,440 | 4,850,607 | 9,100,315 | | 9,100,315 | (1,482,467) | 7,617,848 | | | 45 |

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

VI. ADJUSTMENT DETAIL A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

| | | 1 | 2 | 3 | |
|----|--|--------------|----------------|-----------------|----|
| | NON-ALLOWABLE EXPENSES | Amount | Refer- ence | OHF USE ONLY | |
| 1 | Day Care | \$ | | \$ | 1 |
| 2 | Other Care for Outpatients | | | | 2 |
| 3 | Governmental Sponsored Special Programs | | | | 3 |
| 4 | Non-Patient Meals | | | | 4 |
| 5 | Telephone, TV & Radio in Resident Rooms | | | | 5 |
| 6 | Rented Facility Space | | | | 6 |
| 7 | Sale of Supplies to Non-Patients | | | | 7 |
| 8 | Laundry for Non-Patients | | | | 8 |
| 9 | Non-Straightline Depreciation | (193,644) | 30 | | 9 |
| 10 | Interest and Other Investment Income | (787) | 32 | | 10 |
| 11 | Discounts, Allowances, Rebates & Refunds | | | | 11 |
| 12 | Non-Working Officer's or Owner's Salary | | | | 12 |
| 13 | Sales Tax | (3,630) | 2 | | 13 |
| 14 | Non-Care Related Interest | | | | 14 |
| 15 | Non-Care Related Owner's Transactions | | | | 15 |
| 16 | Personal Expenses (Including Transportation) | | | | 16 |
| 17 | Non-Care Related Fees | (47,311) | 21 | | 17 |
| 18 | Fines and Penalties | (846) | 32 | | 18 |
| 19 | Entertainment | (1,228) | 20 | | 19 |
| 20 | Contributions | (555) | 20 | | 20 |
| 21 | Owner or Key-Man Insurance | | | | 21 |
| 22 | Special Legal Fees & Legal Retainers | (11,002) | 19 | | 22 |
| 23 | Malpractice Insurance for Individuals | | | | 23 |
| 24 | Bad Debt | (310,179) | 27 | | 24 |
| 25 | Fund Raising, Advertising and Promotional | (38,436) | 20 | | 25 |
| 26 | Income Taxes and Illinois Personal Property Replacement Tax | | | | 26 |
| 27 | Nurse Aide Training for Non-Employees | | | | 27 |
| 28 | Yellow Page Advertising | (212) | 20 | | 28 |
| 29 | Other-Attach Schedule | | | | 29 |
| 30 | SUBTOTAL (A): (Sum of lines 1-29) | \$ (607,830) | | \$ | 30 |

| OHF USE ONLY | | | | | | | | |
|--------------|--|----|--|----|--|----|--|----|
| 48 | | 49 | | 50 | | 51 | | 52 |

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

| | | 1 | 2 | |
|----|--|----------------|-----------|----|
| | | Amount | Reference | |
| 31 | Non-Paid Workers-Attach Schedule* | \$ | | 31 |
| 32 | Donated Goods-Attach Schedule* | | | 32 |
| 33 | Amortization of Organization & Pre-Operating Expense | | | 33 |
| 34 | Adjustments for Related Organization Costs (Schedule VII) | (441,147) | Various | 34 |
| 35 | Other- Attach Schedule | (433,490) | Pg 5A | 35 |
| 36 | SUBTOTAL (B): (sum of lines 31-35) | \$ (874,637) | | 36 |
| 37 | (sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B)) | \$ (1,482,467) | | 37 |

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

| | | 1 | 2 | 3 | 4 | |
|----|---------------------------------|-----|----|--------|-----------|----|
| | | Yes | No | Amount | Reference | |
| 38 | Medically Necessary Transport. | | X | \$ n/a | | 38 |
| 39 | | | | | | 39 |
| 40 | Gift and Coffee Shops | | X | | | 40 |
| 41 | Barber and Beauty Shops | | X | | | 41 |
| 42 | Laboratory and Radiology | | X | | | 42 |
| 43 | Prescription Drugs | | X | | | 43 |
| 44 | Exceptional Care Program | | X | | | 44 |
| 45 | Other-Attach Schedule | | X | | | 45 |
| 46 | Other-Attach Schedule | | X | | | 46 |
| 47 | TOTAL (C): (sum of lines 38-46) | | | \$ | | 47 |

| NON-ALLOWABLE EXPENSES | | Amount | Reference | Sch. V Line |
|------------------------|---|------------|-----------|-------------|
| 1 | Late fees on utilities | \$ (4,695) | 5 | 1 |
| 2 | Gift shop expenses (gl 6944) | (102) | 41 | 2 |
| 3 | Intercompany (AMS) interest (gl 7031) | (39,302) | 32 | 3 |
| 4 | Medical records receipts | (204) | 21 | 4 |
| 5 | Meal receipts | (425) | 2 | 5 |
| 6 | Misc admin receipts | (289) | 21 | 6 |
| 7 | Marketing Manager (gl 6701-100-009) | (28,021) | 21 | 7 |
| 8 | Mktg Mgr empl benefits deduction | (4,830) | 22 | 8 |
| 9 | IL Health Care Assoc dues (31.78%) | (1,856) | 20 | 9 |
| 10 | Back out bank fees charged partnership | (18) | 21 | 10 |
| 11 | Back out lender late fees charged partnership | (8,622) | 21 | 11 |
| 12 | Back out LP mtge int in excess of CON asset limit | (326,115) | 32 | 12 |
| 13 | Back out LP MIP in excess of CON asset limit | (20,916) | 36 | 13 |
| 14 | To adj depreciation to equal pg 13's (LP is off) | 1,905 | 30 | 14 |
| 15 | | | | 15 |
| 16 | | | | 16 |
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| 44 | | | | 44 |
| 45 | | | | 45 |
| 46 | | | | 46 |
| 47 | | | | 47 |
| 48 | | | | 48 |
| 49 | Total | (433,490) | | 49 |

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden of Waterford

0042036

Report Period Beginning:

01/01/2004

Ending:

12/31/2004

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

| | Operating Expenses | PAGES 5 & 5A | PAGE 6 | PAGE 6A | PAGE 6B | PAGE 6C | PAGE 6D | PAGE 6E | PAGE 6F | PAGE 6G | PAGE 6H | PAGE 6I | SUMMARY TOTALS (to Sch V, col.7) | |
|-----|---|------------------|-----------------|------------------|------------------|-----------------|------------|-------------|-----------------|------------|------------|------------|--|-----------|
| | A. General Services | | | | | | | | | | | | | |
| 1 | Dietary | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| 2 | Food Purchase | (4,055) | 0 | 0 | 11,693 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7,638 | 2 |
| 3 | Housekeeping | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 |
| 4 | Laundry | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 |
| 5 | Heat and Other Utilities | (4,695) | 0 | 1,329 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (3,366) | 5 |
| 6 | Maintenance | 0 | (10,606) | 3,968 | 0 | 0 | 0 | (20) | (21,228) | 0 | 0 | 0 | (27,886) | 6 |
| 7 | Other (specify):* | 0 | 0 | 17,928 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 17,928 | 7 |
| 8 | TOTAL General Services | (8,750) | (10,606) | 23,225 | 11,693 | 0 | 0 | (20) | (21,228) | 0 | 0 | 0 | (5,686) | 8 |
| | B. Health Care and Programs | | | | | | | | | | | | | |
| 9 | Medical Director | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 9 |
| 10 | Nursing and Medical Records | 0 | 0 | 0 | (168,676) | (12,074) | 0 | 0 | 0 | 0 | 0 | 0 | (180,750) | 10 |
| 10a | Therapy | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 10a |
| 11 | Activities | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 11 |
| 12 | Social Services | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 12 |
| 13 | Nurse Aide Training | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 13 |
| 14 | Program Transportation | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 14 |
| 15 | Other (specify):* | 0 | 0 | 13,406 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 13,406 | 15 |
| 16 | TOTAL Health Care and Programs | 0 | 0 | 13,406 | (168,676) | (12,074) | 0 | 0 | 0 | 0 | 0 | 0 | (167,344) | 16 |
| | C. General Administration | | | | | | | | | | | | | |
| 17 | Administrative | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 17 |
| 18 | Directors Fees | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 18 |
| 19 | Professional Services | (11,002) | 15,060 | (564,949) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (560,891) | 19 |
| 20 | Fees, Subscriptions & Promotions | (42,287) | 0 | 233 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (42,054) | 20 |
| 21 | Clerical & General Office Expenses | (84,465) | 8,901 | 15,042 | 64,461 | 12,811 | 0 | 0 | 0 | 0 | 0 | 0 | 16,750 | 21 |
| 22 | Employee Benefits & Payroll Taxes | (4,830) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (4,830) | 22 |
| 23 | Inservice Training & Education | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 23 |
| 24 | Travel and Seminar | 0 | 0 | 5,789 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5,789 | 24 |
| 25 | Other Admin. Staff Transportation | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 25 |
| 26 | Insurance-Prop.Liab.Malpractice | 0 | 9,763 | 128 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 9,891 | 26 |
| 27 | Other (specify):* | (310,179) | 0 | 154,291 | 15,121 | 19,855 | 0 | 0 | 0 | 0 | 0 | 0 | (120,912) | 27 |
| 28 | TOTAL General Administration | (452,763) | 33,724 | (389,466) | 79,582 | 32,666 | 0 | 0 | 0 | 0 | 0 | 0 | (696,257) | 28 |
| 29 | TOTAL Operating Expense (sum of lines 8,16 & 28) | (461,513) | 23,118 | (352,835) | (77,401) | 20,592 | 0 | (20) | (21,228) | 0 | 0 | 0 | (869,287) | 29 |

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

| | Capital Expense | PAGES | PAGE | PAGE | PAGE | PAGE | PAGE | PAGE | PAGE | PAGE | PAGE | PAGE | SUMMARY |
|----|------------------------------------|-------------|-------------|-----------|-----------|----------|-----------|------|----------|------|------|------|-------------------|
| | D. Ownership | 5 & 5A | 6 | 6A | 6B | 6C | 6D | 6E | 6F | 6G | 6H | 6I | TOTALS |
| | | | | | | | | | | | | | (to Sch V, col.7) |
| 30 | Depreciation | (191,739) | 464,717 | 9,144 | 0 | 1,398 | 0 | 0 | 0 | 0 | 0 | 0 | 283,520 30 |
| 31 | Amortization of Pre-Op. & Org. | 0 | 0 | 768 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 768 31 |
| 32 | Interest | (367,050) | 972,814 | 21,774 | 0 | 919 | 4,388 | 0 | 0 | 0 | 0 | 0 | 632,845 32 |
| 33 | Real Estate Taxes | 0 | 30,132 | 3,183 | 0 | 873 | 0 | 0 | 0 | 0 | 0 | 0 | 34,188 33 |
| 34 | Rent-Facility & Grounds | 0 | (1,231,675) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (1,231,675) 34 |
| 35 | Rent-Equipment & Vehicles | 0 | 0 | 9,717 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 9,717 35 |
| 36 | Other (specify):* | (20,916) | 62,414 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 41,498 36 |
| 37 | TOTAL Ownership | (579,705) | 298,402 | 44,586 | 0 | 3,190 | 4,388 | 0 | 0 | 0 | 0 | 0 | (229,139) 37 |
| | Ancillary Expense | | | | | | | | | | | | |
| | E. Special Cost Centers | | | | | | | | | | | | |
| 38 | Medically Necessary Transportation | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 38 |
| 39 | Ancillary Service Centers | 0 | 0 | 0 | (50,498) | (66,696) | (266,745) | 0 | 0 | 0 | 0 | 0 | (383,939) 39 |
| 40 | Barber and Beauty Shops | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 40 |
| 41 | Coffee and Gift Shops | (102) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (102) 41 |
| 42 | Provider Participation Fee | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 42 |
| 43 | Other (specify):* | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 43 |
| 44 | TOTAL Special Cost Centers | (102) | 0 | 0 | (50,498) | (66,696) | (266,745) | 0 | 0 | 0 | 0 | 0 | (384,041) 44 |
| | GRAND TOTAL COST | | | | | | | | | | | | |
| 45 | (sum of lines 29, 37 & 44) | (1,041,320) | 321,520 | (308,249) | (127,899) | (42,914) | (262,357) | (20) | (21,228) | 0 | 0 | 0 | (1,482,467) 45 |

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary

| 1 OWNERS | | 2 RELATED NURSING HOMES | | 3 OTHER RELATED BUSINESS ENTITIES | | |
|-------------|-------------|----------------------------|------|--------------------------------------|------|------------------|
| Name | Ownership % | Name | City | Name | City | Type of Business |
| See Pg 6L | | See Pg 6K | | See Page 6K | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒

YES

☐

NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

| 1 | | 2 | 3 Cost Per General Ledger | 4 | 5 Cost to Related Organization | 6 | 7 | 8 Difference: | |
|------------|-------|-----------------------------------|---------------------------|--|--------------------------------|--|--|---------------|--|
| Schedule V | Line | Item | Amount | Name of Related Organization | Percent of Ownership | Operating Cost of Related Organization | Adjustments for Related Organization Costs (7 minus 4) | | |
| 1 | V | 34 Rental income | \$ 1,231,675 | Alden of Waterford Limited Partnership | | \$ | (1,231,675) | 1 | |
| 2 | V | 32 Interest income - R/R | 310 | Alden of Waterford Limited Partnership | | | (310) | 2 | |
| 3 | V | 6 W/O prior yrs' payables | 10,606 | Alden of Waterford Limited Partnership | | | (10,606) | 3 | |
| 4 | V | 19 Accounting fees | | Alden of Waterford Limited Partnership | | 3,656 | 3,656 | 4 | |
| 5 | V | 19 Legal fees: Non-collections | | Alden of Waterford Limited Partnership | | 11,404 | 11,404 | 5 | |
| 6 | V | 21 Other administrative | | Alden of Waterford Limited Partnership | | 279 | 279 | 6 | |
| 7 | V | 21 Fines & penalties | | Alden of Waterford Limited Partnership | | 8,622 | 8,622 | 7 | |
| 8 | V | 33 Real estate taxes | | Alden of Waterford Limited Partnership | | 30,132 | 30,132 | 8 | |
| 9 | V | 26 Property & liability insurance | | Alden of Waterford Limited Partnership | | 9,763 | 9,763 | 9 | |
| 10 | V | 36 Mortgage insurance premium | | Alden of Waterford Limited Partnership | | 62,414 | 62,414 | 10 | |
| 11 | V | 32 Interest on mortgage | | Alden of Waterford Limited Partnership | | 973,124 | 973,124 | 11 | |
| 12 | V | 30 Depreciation | | Alden of Waterford Limited Partnership | | 464,717 | 464,717 | 12 | |
| 13 | V | | | | | | | 13 | |
| 14 | Total | | \$ 1,242,591 | | | \$ 1,564,111 | \$ * 321,520 | 14 | |

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

| 1 | | 2 | 3 Cost Per General Ledger | 4 | 5 Cost to Related Organization | 6 | 7 | 8 Difference: | |
|------------|-------|------|-----------------------------|-----------|--------------------------------|----------------------|--|--|----|
| Schedule V | | Line | Item | Amount | Name of Related Organization | Percent of Ownership | Operating Cost of Related Organization | Adjustments for Related Organization Costs (7 minus 4) | |
| 15 | V | 19 | Professional fees | \$569,651 | Alden Management Services | | \$4,702 | \$(564,949) | 15 |
| 16 | V | 21 | Clerical and G & A | | Alden Management Services | | 15,042 | 15,042 | 16 |
| 17 | V | 5 | Utilities | | Alden Management Services | | 1,329 | 1,329 | 17 |
| 18 | V | 6 | Maintenance | | Alden Management Services | | 3,968 | 3,968 | 18 |
| 19 | V | 24 | Travel & seminar | | Alden Management Services | | 5,789 | 5,789 | 19 |
| 20 | V | 26 | Insurance | | Alden Management Services | | 128 | 128 | 20 |
| 21 | V | 20 | Dues/subscriptions/fees etc | | Alden Management Services | | 233 | 233 | 21 |
| 22 | V | 30 | Depreciation | | Alden Management Services | | 9,144 | 9,144 | 22 |
| 23 | V | 31 | Amortization | | Alden Management Services | | 768 | 768 | 23 |
| 24 | V | 33 | Real estate taxes | | Alden Management Services | | 3,183 | 3,183 | 24 |
| 25 | V | 35 | Rent-equipment/vehicles | | Alden Management Services | | 9,717 | 9,717 | 25 |
| 26 | V | 32 | Interest | | Alden Management Services | | 21,774 | 21,774 | 26 |
| 27 | V | 7 | Salaries-general serv | | Alden Management Services | | 17,928 | 17,928 | 27 |
| 28 | V | 15 | Salaries-health care | | Alden Management Services | | 13,406 | 13,406 | 28 |
| 29 | V | 27 | Salaries-general admin | | Alden Management Services | | 154,291 | 154,291 | 29 |
| 30 | V | | | | | | | | 30 |
| 31 | V | | | | | | | | 31 |
| 32 | V | | | | | | | | 32 |
| 33 | V | | | | | | | | 33 |
| 34 | V | | | | | | | | 34 |
| 35 | V | | | | | | | | 35 |
| 36 | V | | | | | | | | 36 |
| 37 | V | | | | | | | | 37 |
| 38 | V | | | | | | | | 38 |
| 39 | Total | | | \$569,651 | | | \$261,402 | \$*(308,249) | 39 |

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ X

 YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

| 1 | | 2 | 3 Cost Per General Ledger | 4 | 5 Cost to Related Organization | 6 | 7 | 8 Difference: | |
|------------|-------|------|---------------------------|------------|--------------------------------|----------------------|--|--|----|
| Schedule V | | Line | Item | Amount | Name of Related Organization | Percent of Ownership | Operating Cost of Related Organization | Adjustments for Related Organization Costs (7 minus 4) | |
| 15 | V | 2 | tube-feeding | \$ 11,949 | Pyramid Health Care | | \$ 23,642 | \$ 11,693 | 15 |
| 16 | V | 10 | nursing supplies | 178,305 | Pyramid Health Care | | 9,629 | (168,676) | 16 |
| 17 | V | 39 | perdiems/other supplies | 114,768 | Pyramid Health Care | | 64,270 | (50,498) | 17 |
| 18 | V | 21 | gen'l & admin | | Pyramid Health Care | | 64,461 | 64,461 | 18 |
| 19 | V | 27 | gen'l & admin salaries | | Pyramid Health Care | | 15,121 | 15,121 | 19 |
| 20 | V | | | | | | | | 20 |
| 21 | V | | | | | | | | 21 |
| 22 | V | | | | | | | | 22 |
| 23 | V | | | | | | | | 23 |
| 24 | V | | | | | | | | 24 |
| 25 | V | | | | | | | | 25 |
| 26 | V | | | | | | | | 26 |
| 27 | V | | | | | | | | 27 |
| 28 | V | | | | | | | | 28 |
| 29 | V | | | | | | | | 29 |
| 30 | V | | | | | | | | 30 |
| 31 | V | | | | | | | | 31 |
| 32 | V | | | | | | | | 32 |
| 33 | V | | | | | | | | 33 |
| 34 | V | | | | | | | | 34 |
| 35 | V | | | | | | | | 35 |
| 36 | V | | | | | | | | 36 |
| 37 | V | | | | | | | | 37 |
| 38 | V | | | | | | | | 38 |
| 39 | Total | | | \$ 305,022 | | | \$ 177,123 | \$ * (127,899) | 39 |

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

| 1 | | 2 | 3 Cost Per General Ledger | 4 | 5 Cost to Related Organization | 6 | 7 | 8 Difference: | |
|------------|-------|------|---------------------------|------------|--------------------------------|----------------------|--|--|----|
| Schedule V | | Line | Item | Amount | Name of Related Organization | Percent of Ownership | Operating Cost of Related Organization | Adjustments for Related Organization Costs (7 minus 4) | |
| 15 | V | 39 | drugs | \$ 279,929 | Forum Extended Care II | | \$ 241,449 | \$ (38,480) | 15 |
| 16 | V | 10 | house stock | 3,988 | Forum Extended Care II | | 3,440 | (548) | 16 |
| 17 | V | 39 | I.V. | 205,268 | Forum Extended Care II | | 177,052 | (28,216) | 17 |
| 18 | V | 22 | employee benefits | | Forum Extended Care II | | | | 18 |
| 19 | V | 21 | gen'l & admin | | Forum Extended Care II | | 12,811 | 12,811 | 19 |
| 20 | V | 32 | interest | | Forum Extended Care II | | 919 | 919 | 20 |
| 21 | V | 33 | real estate tax | | Forum Extended Care II | | 873 | 873 | 21 |
| 22 | V | 30 | depreciation | | Forum Extended Care II | | 1,398 | 1,398 | 22 |
| 23 | V | 27 | gen'l & admin salaries | | Forum Extended Care II | | 19,855 | 19,855 | 23 |
| 24 | V | 10 | pharmacy consulting | 11,526 | Forum Extended Care II | | | (11,526) | 24 |
| 25 | V | | | | | | | | 25 |
| 26 | V | | | | | | | | 26 |
| 27 | V | | | | | | | | 27 |
| 28 | V | | | | | | | | 28 |
| 29 | V | | | | | | | | 29 |
| 30 | V | | | | | | | | 30 |
| 31 | V | | | | | | | | 31 |
| 32 | V | | | | | | | | 32 |
| 33 | V | | | | | | | | 33 |
| 34 | V | | | | | | | | 34 |
| 35 | V | | | | | | | | 35 |
| 36 | V | | | | | | | | 36 |
| 37 | V | | | | | | | | 37 |
| 38 | V | | | | | | | | 38 |
| 39 | Total | | | \$ 500,711 | | | \$ 457,797 | \$ * (42,914) | 39 |

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

| 1 | | 2 | 3 Cost Per General Ledger | 4 | 5 Cost to Related Organization | 6 | 7 | 8 Difference: | |
|------------|-------|------|---------------------------|--------------|--------------------------------|----------------------|--|--|----|
| Schedule V | | Line | Item | Amount | Name of Related Organization | Percent of Ownership | Operating Cost of Related Organization | Adjustments for Related Organization Costs (7 minus 4) | |
| 15 | V | 39 | Revenue-Therapy | \$ 1,190,127 | Community Physical Therapy | | \$ 923,382 | \$ (266,745) | 15 |
| 16 | V | 32 | Interest | | Community Physical Therapy | | 4,388 | 4,388 | 16 |
| 17 | V | | | | | | | | 17 |
| 18 | V | | | | | | | | 18 |
| 19 | V | | | | | | | | 19 |
| 20 | V | | | | | | | | 20 |
| 21 | V | | | | | | | | 21 |
| 22 | V | | | | | | | | 22 |
| 23 | V | | | | | | | | 23 |
| 24 | V | | | | | | | | 24 |
| 25 | V | | | | | | | | 25 |
| 26 | V | | | | | | | | 26 |
| 27 | V | | | | | | | | 27 |
| 28 | V | | | | | | | | 28 |
| 29 | V | | | | | | | | 29 |
| 30 | V | | | | | | | | 30 |
| 31 | V | | | | | | | | 31 |
| 32 | V | | | | | | | | 32 |
| 33 | V | | | | | | | | 33 |
| 34 | V | | | | | | | | 34 |
| 35 | V | | | | | | | | 35 |
| 36 | V | | | | | | | | 36 |
| 37 | V | | | | | | | | 37 |
| 38 | V | | | | | | | | 38 |
| 39 | Total | | | \$ 1,190,127 | | | \$ 927,770 | \$ * (262,357) | 39 |

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

| 1 | | 2 | 3 Cost Per General Ledger | 4 | 5 Cost to Related Organization | 6 | 7 | 8 Difference: | |
|------------|-------|------|---------------------------|-----------|--------------------------------|----------------------|--|--|----|
| Schedule V | | Line | Item | Amount | Name of Related Organization | Percent of Ownership | Operating Cost of Related Organization | Adjustments for Related Organization Costs (7 minus 4) | |
| 15 | V | 6 | Repairs & Maintenance | \$ 13,462 | Alden Bennett Construction | | \$ 13,442 | \$ (20) | 15 |
| 16 | V | | | | | | | | 16 |
| 17 | V | | | | | | | | 17 |
| 18 | V | | | | | | | | 18 |
| 19 | V | | | | | | | | 19 |
| 20 | V | | | | | | | | 20 |
| 21 | V | | | | | | | | 21 |
| 22 | V | | | | | | | | 22 |
| 23 | V | | | | | | | | 23 |
| 24 | V | | | | | | | | 24 |
| 25 | V | | | | | | | | 25 |
| 26 | V | | | | | | | | 26 |
| 27 | V | | | | | | | | 27 |
| 28 | V | | | | | | | | 28 |
| 29 | V | | | | | | | | 29 |
| 30 | V | | | | | | | | 30 |
| 31 | V | | | | | | | | 31 |
| 32 | V | | | | | | | | 32 |
| 33 | V | | | | | | | | 33 |
| 34 | V | | | | | | | | 34 |
| 35 | V | | | | | | | | 35 |
| 36 | V | | | | | | | | 36 |
| 37 | V | | | | | | | | 37 |
| 38 | V | | | | | | | | 38 |
| 39 | Total | | | \$ 13,462 | | | \$ 13,442 | \$ * (20) | 39 |

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ X

 YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

| 1 | | 2 | 3 Cost Per General Ledger | 4 | 5 Cost to Related Organization | 6 | 7 | 8 Difference: | |
|------------|-------|------|---------------------------|------------|--------------------------------|----------------------|--|--|----|
| Schedule V | | Line | Item | Amount | Name of Related Organization | Percent of Ownership | Operating Cost of Related Organization | Adjustments for Related Organization Costs (7 minus 4) | |
| 15 | V | 6 | Grounds Maintenance | \$ 100,980 | Alden Realty | | \$ 81,119 | \$ (19,861) | 15 |
| 16 | V | 6 | Carpet Cleaning | 8,015 | Alden Realty | | 7,173 | (842) | 16 |
| 17 | V | 6 | Floor Cleaning | 5,390 | Alden Realty | | 4,865 | (525) | 17 |
| 18 | V | | | | | | | | 18 |
| 19 | V | | | | | | | | 19 |
| 20 | V | | | | | | | | 20 |
| 21 | V | | | | | | | | 21 |
| 22 | V | | | | | | | | 22 |
| 23 | V | | | | | | | | 23 |
| 24 | V | | | | | | | | 24 |
| 25 | V | | | | | | | | 25 |
| 26 | V | | | | | | | | 26 |
| 27 | V | | | | | | | | 27 |
| 28 | V | | | | | | | | 28 |
| 29 | V | | | | | | | | 29 |
| 30 | V | | | | | | | | 30 |
| 31 | V | | | | | | | | 31 |
| 32 | V | | | | | | | | 32 |
| 33 | V | | | | | | | | 33 |
| 34 | V | | | | | | | | 34 |
| 35 | V | | | | | | | | 35 |
| 36 | V | | | | | | | | 36 |
| 37 | V | | | | | | | | 37 |
| 38 | V | | | | | | | | 38 |
| 39 | Total | | | \$ 114,385 | | | \$ 93,157 | \$ * (21,228) | 39 |

* Total must agree with the amount recorded on line 34 of Schedule VI.

STATE OF ILLINOIS

Page 6K

Facility Name & ID Number Alden of Waterford

0042036

Report Period Beginning 01/01/03

Ending: 12/31/03

| RELATED NURSING HOMES | |
|---|-----------------|
| Name | City |
| Note: ANC = Alden Nursing Center | |
| ANC Lakeland | Chicago |
| ANC Long Grove | Long Grove |
| ANC Heather | Harvey |
| ANC Lincoln Park | Chicago |
| ANC Northmoor | Chicago |
| ANC Town Manor | Chicago |
| ANC Terrace of McHenry | McHenry |
| ANC Morrow | Chicago |
| ANC Wentworth | Chicago |
| ANC Naperville | Naperville |
| ANC Valley Ridge | Bloomington |
| ANC Village for Children & Young Adults | Bloomington |
| ANC Orland Park | Orland Park |
| ANC Princeton | Chicago |
| Alden of Old Town East | Bloomington |
| Alden of Old Town West | Bloomington |
| Alden Trails | Bloomington |
| Alden Northshore | Skokie |
| ANC Des Plaines | Des Plaines |
| ANC Des Plaines II | Des Plaines |
| ANC Alma Nelson | Rockford |
| ANC Park Stratmoor | Rockford |
| ANC Meadow Park | Rockford |
| ANC Poplar Creek | Hoffman Estates |
| ANC Governor's Park | Barrington |
| ANC Gardens of Rockford | Rockford |

| OTHER RELATED BUSINESS ENTITIES | | |
|---------------------------------|-----------|------------------|
| Name | City | Type of Business |
| The Forum Prof. Center | Chicago | Office rental |
| Pyramid Health Care | Chicago | Nursing supplies |
| Forum Extended Care II | Chicago | Pharmacy |
| Alden Management | Chicago | Management |
| Alden Estates of Evanston | Evanston | Assisted living |
| Community Physical Therapy | Wood Dale | Therapy provider |
| Courts of Waterford | Aurora | Alzheimers unit |
| Gardens of Waterford | Aurora | Assisted living |
| | | |
| | | |
| | | |

| | | |
|----|--------------------|----------------|
| 1 | Floyd Schlossberg | 64.63% |
| 2 | AMS | 25.00% |
| 3 | Marcia Brin 1 | 0.50% |
| 4 | Marcia Brin 2 | 0.87% |
| 5 | Dan Sabin | 1.00% |
| 6 | Ritchie D. Schullo | 0.25% |
| 7 | Heather Bushong | 0.25% |
| 8 | Sam & Joan Carl | 1.00% |
| 9 | Susan Schwartz | 1.00% |
| 10 | Malanie S. Mason | 1.00% |
| 11 | Edward Schultz | 1.00% |
| 12 | Gadi Z Cohen | 1.00% |
| 13 | Naom Kerem | 1.00% |
| 14 | Daniel Denise | 0.50% |
| 15 | Michael D. Okun | 1.00% |
| | | <u>100.00%</u> |

Facility Name & ID Number Alden of Waterford # 0042036 Report Period Beginning: 01/01/2004 Ending: 12/31/2004

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

| | 1 Name | 2 Title | 3 Function | 4 Ownership Interest | 5 Compensation Received From Other Nursing Homes* | 6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week | | 7 Compensation Included in Costs for this Reporting Period** | | 8 Schedule V. Line & Column Reference | |
|----|---|-------------------|-------------------|-------------------------|--|--|---------|---|-----------|--|----|
| | | | | | | Hours | Percent | Description | Amount | | |
| 1 | Floyd Schlossberg a. | President | Chief Executive | 64.63 | 222,924 | 0.852 | 2.13 | salary | \$ 4,840 | 27-7 | 1 |
| 2 | Lauren Magnusson b. | Nurse coordinator | nursing admin. | 0.00 | 71,986 | 0.852 | 2.13 | salary | 1,563 | 15-7 | 2 |
| 3 | Terry Magnusson c. | Maint. Supervisor | construct/mainten | 0.00 | 48,937 | 0.852 | 2.13 | salary | 1,063 | 7-7 | 3 |
| 4 | Joan Carl d. | Secretary | Vice-President | 1.00 | 222,924 | 0.852 | 2.13 | salary | 4,840 | 27-7 | 4 |
| 5 | | | | | | | | | | | 5 |
| 6 | | | | | | | | | | | 6 |
| 7 | a. Floyd Schlossberg is the President and sole stockholder of The Alden Group, Ltd. | | | | | | | | | | 7 |
| 8 | b. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is a nurse coordinator. | | | | | | | | | | 8 |
| 9 | c. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry is in maintenance and construction. | | | | | | | | | | 9 |
| 10 | d. Joan Carl is the Secretary of Alden Management Services and all nursing facilities. She has an equity interest in Town Manor, Princeton, Valley Ridge, | | | | | | | | | | 10 |
| 11 | North Shore, Orland Park, and Waterford. She has an equity interest in the real estate of Alma Nelson, Park Strathmoor, and Meadow Park. | | | | | | | | | | 11 |
| 12 | | | | | | | | | | | 12 |
| 13 | | | | | | | | TOTAL | \$ 12,306 | | 13 |

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees).
FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME
ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

| | 1 | 2 | | 3 | 4 | 5 | 6 | | 7 | 8 | 9 | 10 | |
|----|--------------------------------|-----------|----|---------------------------|--------------------------|--------------|----------------|---------------|---------------|--------------------------|-----------------------------------|------------|----|
| | Name of Lender | Related** | | Purpose of Loan | Monthly Payment Required | Date of Note | Amount of Note | | Maturity Date | Interest Rate (4 Digits) | Reporting Period Interest Expense | | |
| | | YES | NO | | | | Original | Balance | | | | | |
| | A. Directly Facility Related | | | | | | | | | | | | |
| | Long-Term | | | | | | | | | | | | |
| 1 | Heartland Bank of IL | | X | Mortgage | \$79,360.00 | 1/1/02 | \$ 12,667,104 | \$ 12,528,037 | 1/1/41 | 7.7500 | \$ 973,124 | 1 | |
| 2 | Int related to fixed assets in | | | | | | | | | | | 2 | |
| 3 | excess of CON limit | | X | Mortgage | | | | | | | (326,115) | 3 | |
| 4 | | | | | | | | | | | | 4 | |
| 5 | | | | | | | | | | | | 5 | |
| | Working Capital | | | | | | | | | | | | |
| 6 | Related party - AMS | X | | Working capital | | | | | | | 21,774 | 6 | |
| 7 | Related party - FECH | X | | Working capital | | | | | | | 919 | 7 | |
| 8 | Related party - CPT | X | | Working capital | | | | | | | 4,388 | 8 | |
| 9 | TOTAL Facility Related | | | | \$79,360.00 | | \$ 12,667,104 | \$ 12,528,037 | | | | \$ 674,090 | 9 |
| | B. Non-Facility Related* | | | | | | | | | | | | |
| 10 | Interest income on Corp | | X | Patient/misc interest inc | | | | | | | (787) | 10 | |
| 11 | Waterford LP revenue | X | | Replacement Reserve int | | | | | | | (310) | 11 | |
| 12 | | | | | | | | | | | | 12 | |
| 13 | | | | | | | | | | | | 13 | |
| 14 | TOTAL Non-Facility Related | | | | | | \$ | \$ | | | | \$ (1,097) | 14 |
| 15 | TOTALS (line 9+line14) | | | | | | \$ 12,667,104 | \$ 12,528,037 | | | | \$ 672,993 | 15 |

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 41,498 Line # 36

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2003 report.

2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)

3. Under or (over) accrual (line 2 minus line 1).

4. Real Estate Tax accrual used for 2004 report. (Detail and explain your calculation of this accrual on the lines below.)

5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C.
(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)

6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund.
TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)

7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:

1999

2000

2001

2002

2003

8

9

10

11

12

Accrual based on 4% increase

Bill reflects total cost. In this case, bill is split between two entities (shared bill). \$50,212.42 x 60% = \$30,127.45

FOR OHF USE ONLY

13

14

15

16

FROM R. E. TAX STATEMENT FOR 2003

PLUS APPEAL COST FROM LINE 5

LESS REFUND FROM LINE 6

AMOUNT TO USE FOR RATE CALCULATION

\$

\$

\$

\$

13

14

15

16

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.

2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2003 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2003 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2003.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2003 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2004 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions,

2003 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden of Waterford COUNTY DuPage

FACILITY IDPH LICENSE NUMBER 0042036

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

TELEPHONE (773) 286-3883 FAX #: (773) 286-3743

A. Summary of Real Estate Tax Cos

Enter the tax index number and real estate tax assessed for 2003 on the lines provided below. Enter only the portion of tl cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursir home property which is vacant, rented to other organizations, or used for purposes other than long term care must not l entered in Column D. Do not include cost for any period other than calendar year 200:

| | (A) | (B) | (C) | (D) |
|-----|-----------------------------|-----------------------------|------------------|---|
| | <u>Tax Index Number</u> | <u>Property Description</u> | <u>Total Tax</u> | <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u> |
| 1. | 15-36-202-005 * | Nursing Home Facility | \$ 50,212.42 | \$ 30,127.45 |
| 2. | | Related Party - AMS | \$ 149,765.00 | \$ 3,183.00 |
| 3. | | Related Party - FECII | \$ 13,827.00 | \$ 873.00 |
| 4. | | | \$ | \$ |
| 5. | | | \$ | \$ |
| 6. | * Only 60% is applicable to | | \$ | \$ |
| 7. | the provider. | | \$ | \$ |
| 8. | | | \$ | \$ |
| 9. | | | \$ | \$ |
| 10. | | | \$ | \$ |
| | | TOTALS | \$ 213,804.42 | \$ 34,183.45 |

B. Real Estate Tax Cost Allocation:

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not direct used for nursing home services? YES X NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing hom (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used

C. Tax Bills

Attach a copy of the original 2003 tax bills which were listed in Section A to this statement. Be sure to use the 200 tax bill which is normally paid during 2004

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 59,206 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 3

C. Does the Operating Entity? (a) Own the Facility (X) (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.
(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (X) (c) Rent equipment from Completely Unrelated Organization.
(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES (X) NO
If so, please complete the following:

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized:
3. Current Period Amortization: 4. Dates Incurred:

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

| A. Land. | | | | | |
|----------|------------------|------------------|--------------------|------------|---|
| | 1 Use | 2 Square Feet | 3 Year Acquired | 4 Cost | |
| 1 | Nursing Facility | 152,896 | 1994 | \$ 662,733 | 1 |
| 2 | | | | | 2 |
| 3 | TOTALS | 152,896 | | \$ 662,733 | 3 |

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

| | 1 Beds* | FOR OHF USE ONLY | 2 Year Acquired | 3 Year Constructed | 4 Cost | 5 Current Book Depreciation | 6 Life in Years | 7 Straight Line Depreciation | 8 Adjustments | 9 Accumulated Depreciation | |
|----|--|------------------|-----------------------|--------------------------|---------------|-----------------------------------|-----------------------|------------------------------------|------------------|----------------------------------|----|
| 4 | 99 | | | 2001 | \$ 11,880,012 | \$ 297,000 | 40 | \$ 171,168 | \$ (125,832) | \$ 735,595 | 4 |
| 5 | Adjustment to correct to CON costs (net=6,846,713) | | | | (5,033,299) | | | | | | 5 |
| 6 | | | | | | | | | | | 6 |
| 7 | | | | | | | | | | | 7 |
| 8 | related party-forum | | | 1978 | 16,213 | | 22 | | | 16,213 | 8 |
| | Improvement Type** | | | | | | | | | | |
| 9 | storm/sewer-ltd p/s | | | 2001 | 218,336 | 8,733 | 25 | 8,733 | | 29,111 | 9 |
| 10 | concrete/curbs/gutters-ltd p/s | | | 2001 | 21,491 | 1,433 | 15 | 1,433 | | 4,776 | 10 |
| 11 | concrete walks-ltd p/s | | | 2001 | 46,391 | 3,093 | 15 | 3,093 | | 10,310 | 11 |
| 12 | asphalt paving-ltd p/s | | | 2001 | 40,929 | 4,093 | 10 | 4,093 | | 13,643 | 12 |
| 13 | street lighting-ltd p/s | | | 2001 | 129,677 | 8,645 | 15 | 8,645 | | 28,817 | 13 |
| 14 | wrought iron fencing-ltd p/s | | | 2001 | 60,821 | 2,433 | 25 | 2,433 | | 8,110 | 14 |
| 15 | piers-ltd p/s | | | 2001 | 64,296 | 4,286 | 15 | 4,286 | | 14,287 | 15 |
| 16 | exterior signs-ltd p/s | | | 2001 | 20,853 | 1,738 | 12 | 1,738 | | 5,793 | 16 |
| 17 | brick pavers-ltd p/s | | | 2001 | 5,213 | 521 | 10 | 521 | | 1,737 | 17 |
| 18 | waterfalls-ltd p/s | | | 2001 | 53,870 | 2,693 | 20 | 2,693 | | 8,977 | 18 |
| 19 | gate house-ltd p/s | | | 2001 | 26,066 | 1,738 | 15 | 1,738 | | 5,793 | 19 |
| 20 | retaining walls-ltd p/s | | | 2001 | 19,115 | 956 | 20 | 956 | | 3,186 | 20 |
| 21 | external roads-ltd p/s | | | 2001 | 261,213 | 26,121 | 10 | 26,121 | | 87,070 | 21 |
| 22 | Mech. Projects- intsall exhaust,gas line, electric to steamer-corp | | | 2002 | 4,254 | 213 | 20 | 213 | | 638 | 22 |
| 23 | Long elevator- correct elevator problem-corp | | | 2001 | 882 | 88 | 10 | 88 | | 272 | 23 |
| 24 | Affcus- repair fire alarm-corp | | | 2002 | 1,552 | 310 | 5 | 310 | | 931 | 24 |
| 25 | GT Mech- chiller repair-corp | | | 2002 | 1,924 | 385 | 5 | 385 | | 1,154 | 25 |
| 26 | ISS replace nurses station | | | 2003 | 1,956 | 391 | 5 | 391 | | 717 | 26 |
| 27 | | | | | | | | | | | 27 |
| 28 | storm/sewer-ltd p/s | | | 2003 | 16,853 | 674 | 25 | 674 | | 1,348 | 28 |
| 29 | concrete/curbs/gutters-ltd p/s | | | 2003 | 1,659 | 111 | 15 | 111 | | 222 | 29 |
| 30 | concrete walks-ltd p/s | | | 2003 | 3,581 | 239 | 15 | 239 | | 478 | 30 |
| 31 | asphalt paving-ltd p/s | | | 2003 | 3,159 | 316 | 10 | 316 | | 632 | 31 |
| 32 | street lighting-ltd p/s | | | 2003 | 10,009 | 667 | 15 | 667 | | 1,334 | 32 |
| 33 | wrought iron fencing-ltd p/s | | | 2003 | 4,695 | 188 | 25 | 188 | | 376 | 33 |
| 34 | piers-ltd p/s | | | 2003 | 4,963 | 331 | 15 | 331 | | 662 | 34 |
| 35 | exterior signs-ltd p/s | | | 2003 | 1,610 | 134 | 12 | 134 | | 268 | 35 |
| 36 | | | | | | | | | | | 36 |

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
|----|---|------------------|--------------|---------------------------|---------------|----------------------------|--------------|--------------------------|----|
| | Improvement Type** | Year Constructed | Cost | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation | |
| 37 | | | \$ | \$ | | \$ | \$ | \$ | 37 |
| 38 | brick pavers-ltd p/s | 2003 | 402 | 40 | 10 | 40 | | 80 | 38 |
| 39 | waterfalls-ltd p/s | 2003 | 4,158 | 208 | 20 | 208 | | 416 | 39 |
| 40 | gate house-ltd p/s | 2003 | 2,012 | 134 | 15 | 134 | | 268 | 40 |
| 41 | retaining walls-ltd p/s | 2003 | 1,475 | 74 | 20 | 74 | | 148 | 41 |
| 42 | external roads-ltd p/s | 2003 | 20,163 | 2,016 | 10 | 2,016 | | 4,032 | 42 |
| 43 | | | | | | | | | 43 |
| 44 | CSI Coker-filter system (boiler) | 2004 | 1,723 | 79 | 20 | 79 | | 79 | 44 |
| 45 | ABC-medical gas repair | 2004 | 2,291 | 210 | 10 | 210 | | 210 | 45 |
| 46 | CSI Coker-filter system (boiler) | 2004 | 2,050 | 85 | 20 | 85 | | 85 | 46 |
| 47 | ABC-sod yards/parkway/etc | 2004 | 9,189 | 613 | 10 | 613 | | 613 | 47 |
| 48 | ISS/Chicago Sound-power supply call light | 2004 | 2,084 | 47 | 15 | 47 | | 47 | 48 |
| 49 | | | | | | | | | 49 |
| 50 | | | | | | | | | 50 |
| 51 | | | | | | | | | 51 |
| 52 | | | | | | | | | 52 |
| 53 | | | | | | | | | 53 |
| 54 | | | | | | | | | 54 |
| 55 | | | | | | | | | 55 |
| 56 | | | | | | | | | 56 |
| 57 | | | | | | | | | 57 |
| 58 | | | | | | | | | 58 |
| 59 | | | | | | | | | 59 |
| 60 | | | | | | | | | 60 |
| 61 | | | | | | | | | 61 |
| 62 | | | | | | | | | 62 |
| 63 | | | | | | | | | 63 |
| 64 | | | | | | | | | 64 |
| 65 | | | | | | | | | 65 |
| 66 | | | | | | | | | 66 |
| 67 | | | | | | | | | 67 |
| 68 | | | | | | | | | 68 |
| 69 | | | | | | | | | 69 |
| 70 | TOTAL (lines 4 thru 69) | | \$ 7,933,839 | \$ 371,036 | | \$ 245,204 | \$ (125,832) | \$ 988,428 | 70 |

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|----|---|------------------|--------------|---------------------------|---------------|----------------------------|--------------|--------------------------|----|
| | Improvement Type** | Year Constructed | Cost | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation | |
| 1 | Totals from Page 12C, Carried Forward | | \$ 7,933,839 | \$ 371,036 | | \$ 245,204 | \$ (125,832) | \$ 988,428 | 1 |
| 2 | | | | | | | | | 2 |
| 3 | Related Party-Forum: | | | | | | | | 3 |
| 4 | Leasehold Improvement-Remodeling | 1980 | 12,303 | | 15 | | | 12,303 | 4 |
| 5 | Leasehold Improvement-Remodeling | 1980 | 19,273 | | 20 | | | 19,273 | 5 |
| 6 | Leasehold Improvement-Tenant Improvement | 1987 | 996 | | 13 | | | 996 | 6 |
| 7 | Leasehold Improvement-AMS Remodel | 1988 | 14,339 | | 10 | | | 14,339 | 7 |
| 8 | Leasehold Improvement-Roof | 1994 | 3,572 | 223 | 16 | 223 | | 2,234 | 8 |
| 9 | Leasehold Improvement-Build.Improv. | 1996 | 1,259 | 79 | 16 | 79 | | 704 | 9 |
| 10 | Leasehold Improvement-Asphalting | 2000 | 98 | | 3 | | | 98 | 10 |
| 11 | Leasehold Improvement-DAI | 2001 | 172 | 17 | 10 | 17 | | 54 | 11 |
| 12 | Leasehold Improvement-Bathrooms | 2002 | 733 | 82 | 7 | 82 | | 181 | 12 |
| 13 | Leasehold Improvement-Suite Renovation | 2003 | 1,638 | 164 | 10 | 164 | | 328 | 13 |
| 14 | Leasehold Improvement-Plumbing, Construct, Concrete, Doors, etc | 2004 | 1,820 | 148 | 7 | 148 | | 148 | 14 |
| 15 | Leasehold Improvement-Add-on Improvement, fixture base | 1980 | 79 | | 23 | | | 79 | 15 |
| 16 | Leasehold Improvement-Add-on Improvement, lighting base | 2001 | 137 | 27 | 5 | 27 | | 103 | 16 |
| 17 | | | | | | | | | 17 |
| 18 | | | | | | | | | 18 |
| 19 | | | | | | | | | 19 |
| 20 | | | | | | | | | 20 |
| 21 | | | | | | | | | 21 |
| 22 | | | | | | | | | 22 |
| 23 | | | | | | | | | 23 |
| 24 | | | | | | | | | 24 |
| 25 | | | | | | | | | 25 |
| 26 | Related Party-AMS: | | | | | | | | 26 |
| 27 | Leasehold Improvement-Remodeling | 1993 | 5,938 | | 7 | | | 5,938 | 27 |
| 28 | Leasehold Improvement-Remodeling | 2002 | 4,861 | 608 | 7 | 608 | | 1,215 | 28 |
| 29 | Leasehold Improvement-Remodeling | 2003 | 5,085 | 775 | 7 | 775 | | 1,394 | 29 |
| 30 | | | | | | | | | 30 |
| 31 | | | | | | | | | 31 |
| 32 | | | | | | | | | 32 |
| 33 | Forum Extended Care, LLC-building/building improv | 1999 | 13,393 | 266 | 30 | 266 | | 2,041 | 33 |
| 34 | TOTAL (lines 1 thru 33) | | \$ 8,019,536 | \$ 373,425 | | \$ 247,592 | \$ (125,832) | \$ 1,049,857 | 34 |

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

| | Category of Equipment | 1 Cost | Current Book Depreciation 2 | Straight Line Depreciation 3 | 4 Adjustments | Component Life 5 | Accumulated Depreciation 6 | |
|----|--------------------------|-----------|-----------------------------|------------------------------|------------------|------------------|----------------------------|----|
| 71 | Purchased in Prior Years | \$529,005 | \$111,281 | \$43,469 | \$(67,812) | various | \$131,611 | 71 |
| 72 | Current Year Purchases | 16,007 | 1,681 | 1,681 | | various | 1,681 | 72 |
| 73 | Fully Depreciated Assets | 47,882 | 1,478 | 1,478 | | various | 47,882 | 73 |
| 74 | | | | | | | | 74 |
| 75 | TOTALS | \$592,894 | \$114,440 | \$46,628 | \$(67,812) | | \$181,174 | 75 |

D. Vehicle Depreciation (See instructions.)*

| | 1 Use | Model, Make and Year 2 | Year Acquired 3 | 4 Cost | Current Book Depreciation 5 | Straight Line Depreciation 6 | 7 Adjustments | Life in Years 8 | Accumulated Depreciation 9 | |
|----|--------------------|------------------------|-----------------|-----------|-----------------------------|------------------------------|------------------|-----------------|----------------------------|----|
| 76 | | | | \$ | \$ | \$ | \$ | | \$ | 76 |
| 77 | Passenger bus | 2001 Ford Eldorado | 2001 | 50,888 | 12,722 | 12,722 | | 4 | 43,467 | 77 |
| 78 | Car engine/bus/van | various/dodge | 98-'04 | 8,164 | 130 | 130 | | 3 | 7,981 | 78 |
| 79 | | | | | | | | | | 79 |
| 80 | TOTALS | | | \$59,052 | \$12,852 | \$12,852 | \$ | | \$51,448 | 80 |

E. Summary of Care-Related Assets

| | | 1 Reference | 2 Amount | |
|----|----------------------------|--|-------------|----|
| 81 | Total Historical Cost | (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable) | \$9,334,215 | 81 |
| 82 | Current Book Depreciation | (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable) | \$500,717 | 82 |
| 83 | Straight Line Depreciation | (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable) | \$307,072 | 83 |
| 84 | Adjustments | (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable) | \$(193,644) | 84 |
| 85 | Accumulated Depreciation | (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable) | \$1,282,479 | 85 |

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

| | 1 Description & Year Acquired | 2 Cost | Current Book Depreciation 3 | Accumulated Depreciation 4 | |
|----|----------------------------------|-----------|-----------------------------|----------------------------|----|
| 86 | | \$ | \$ | \$ | 86 |
| 87 | | | | | 87 |
| 88 | | | | | 88 |
| 89 | | | | | 89 |
| 90 | | | | | 90 |
| 91 | TOTALS | \$ | \$ | \$ | 91 |

G. Construction-in-Progress

| | Description | Cost | |
|----|-------------|------|----|
| 92 | | \$ | 92 |
| 93 | | | 93 |
| 94 | | | 94 |
| 95 | | \$ | 95 |

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:Related party - cost is eliminated
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions.
- ☐ YES☒ NO

| | | 1 Year Constructed | 2 Number of Beds | 3 Original Lease Date | 4 Rental Amount | 5 Total Years of Lease | 6 Total Years Renewal Option* | |
|---|--------------------|--------------------------|------------------------|-----------------------------|-----------------------|------------------------------|-------------------------------------|---|
| 3 | Original Building: | | | | \$ | | | 3 |
| 4 | Additions | | | | | | | 4 |
| 5 | | | | | | | | 5 |
| 6 | | | | | | | | 6 |
| 7 | TOTAL | | | | \$ | | | 7 |

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease.
-

9. Option to Buy:
- ☐ YES☒ NO
- Terms:
- *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?
16. Rental Amount for movable equipment: \$3,040Description:copy machine lease
- ☐ YES☒ NO
- (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

| | 1 Use | 2 Model Year and Make | 3 Monthly Lease Payment | 4 Rental Expense for this Period | |
|----|------------------------|-----------------------------|-------------------------------|--|----|
| 17 | Transport non-patients | | \$231.50 | \$2,778 | 17 |
| 18 | Related party - AMS | | \$809.75 | \$9,717 | 18 |
| 19 | | | | | 19 |
| 20 | | | | | 20 |
| 21 | TOTAL | | \$1,041.25 | \$12,495 | 21 |

10. Effective dates of current rental agreement:
- Beginning5/1/2001
- Ending4/30/2011

11. Rent to be paid in future years under the current rental agreement:

| | Fiscal Year Ending | Annual Rent |
|-----|--------------------|-------------|
| 12. | 12/2005 | \$varies |
| 13. | 12/2006 | \$varies |
| 14. | 12/2007 | \$varies |

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?

☐ YES

☒ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

Skilled nurses are on-site.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER AIDE

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER AIDE

B. EXPENSES

ALLOCATION OF COSTS (d)

| | | Facility | | Contract | Total |
|----|---------------------------------|-----------|-----------|----------|-------|
| | | Drop-outs | Completed | | |
| 1 | Community College Tuition | \$ | \$ | \$ | \$ |
| 2 | Books and Supplies | | | | |
| 3 | Classroom Wages (a) | | | | |
| 4 | Clinical Wages (b) | | | | |
| 5 | In-House Trainer Wages (c) | | | | |
| 6 | Transportation | | | | |
| 7 | Contractual Payments | | | | |
| 8 | Nurse Aide Competency Tests | | | | |
| 9 | TOTALS | \$ | \$ | \$ | \$ |
| 10 | SUM OF line 9, col. 1 and 2 (e) | \$ | | | |

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

\$

D. NUMBER OF AIDES TRAINED

| COMPLETED | |
|------------------------------|--|
| 1. From this facility | |
| 2. From other facilities (f) | |
| DROP-OUTS | |
| 1. From this facility | |
| 2. From other facilities (f) | |
| TOTAL TRAINED | |

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.

(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.

(c) For in-house training programs only. Do not include fringe benefits.

(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
- (e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.

(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
|----|--|--|---------------------|------------|---|------------|--------------------------------------|-------------------------------|--------------------------------|----|
| | Service | Schedule V Line & Column Reference | Staff | | Outside Practitioner (other than consultant) | | Supplies (Actual or Allocated) | Total Units (Column 2 + 4) | Total Cost (Col. 3 + 5 + 6) | |
| | | | Units of Service | Cost | Units | Cost | | | | |
| 1 | Licensed Occupational Therapist | 39-3 | hrs | \$ | | \$ 393,766 | \$ | | \$ 393,766 | 1 |
| 2 | Licensed Speech and Language Development Therapist | 39-3 | hrs | | | 84,456 | | | 84,456 | 2 |
| 3 | Licensed Recreational Therapist | | hrs | | | | | | | 3 |
| 4 | Licensed Physical Therapist | 39-3 | hrs | | | 408,578 | | | 408,578 | 4 |
| 5 | Physician Care | | visits | | | | | | | 5 |
| 6 | Dental Care | | visits | | | | | | | 6 |
| 7 | Work Related Program | | hrs | | | | | | | 7 |
| 8 | Habilitation | | hrs | | | | | | | 8 |
| 9 | Pharmacy | See Page 16A | # of prescripts | | | | 213,233 | | 213,233 | 9 |
| 10 | Psychological Services (Evaluation and Diagnosis/ Behavior Modification) | | hrs | | | | | | | 10 |
| 11 | Academic Education | | hrs | | | | | | | 11 |
| 12 | Exceptional Care Program | 39-1, 39-3 | | 261,615 | | | 26,527 | | 288,142 | 12 |
| 13 | Other (specify): | See Page 16A | | | | (266,744) | 788,870 | | 522,126 | 13 |
| 14 | TOTAL | | | \$ 261,615 | | \$ 620,056 | \$ 1,028,630 | | \$ 1,910,301 | 14 |

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

| Page 16 | | |
|---|-----------|--------------------------------|
| Col 5: PT,OT, & ST | | |
| Col 6: Other | | |
| Amount | | |
| XIV. SPECIAL SERVICES (Direct Cost) | | |
| ----- | | |
| Service | | |
| ----- | | |
| 1. OT | 39-3 | \$393,766.27 |
| 2. ST | 39-3 | 84,456.59 |
| 3. | | |
| 4. PT | 39-3 | 408,578.39 |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. Pharmacy | See pg 16 | 279,928.70 |
| Plus: Related Party- Forum Drugs | | (38,479.00) see pg 6C support |
| Plus: Related Party- Forum I.V. | | (28,216.00) see pg 6C support |
| Total to line 9 Pharmacy | | ----- 213,233.70 ----- |
| 10. | | |
| 11. | | |
| 12. Exceptional Care-Column 3 | 39-1 | 261,614.89 |
| 12. Exceptional Care-Column 6 | 39-3 | 26,527.60 |
| 13. Other: Lab, x-ray therapy, mattress, Pyramid billings | | 838,124.23 |
| Related Party- Pyramid | | (50,498.00) see pg 6B support |
| Related Party- CPT | | (266,744.00) see pg 6D support |
| Oxygen Cost- IDPA | | 1,244.00 |
| Total to line 13 | | ----- 522,126.23 ----- |
| 14. Total | | 1,910,303.67 ===== |

This report must be completed even if financial statements are attached.

| | | 1 Operating | 2 After Consolidation* | |
|----|---|----------------|---------------------------|----|
| | A. Current Assets | | | |
| 1 | Cash on Hand and in Banks | \$ | \$ 240 | 1 |
| 2 | Cash-Patient Deposits | | | 2 |
| 3 | Accounts & Short-Term Notes Receivable-Patients (less allowance 320,000) | 1,272,713 | 1,272,713 | 3 |
| 4 | Supply Inventory (priced at) | | | 4 |
| 5 | Short-Term Investments | | 83,806 | 5 |
| 6 | Prepaid Insurance | | 8,612 | 6 |
| 7 | Other Prepaid Expenses | 3,718 | 8,917 | 7 |
| 8 | Accounts Receivable (owners or related parties) | | | 8 |
| 9 | Other(specify): Replacement Reserve | | 85,662 | 9 |
| 10 | TOTAL Current Assets (sum of lines 1 thru 9) | \$ 1,276,431 | \$ 1,459,950 | 10 |
| | B. Long-Term Assets | | | |
| 11 | Long-Term Notes Receivable | | | 11 |
| 12 | Long-Term Investments | | | 12 |
| 13 | Land | | 662,733 | 13 |
| 14 | Buildings, at Historical Cost | | 11,880,012 | 14 |
| 15 | Leasehold Improvements, at Historical Cost | 27,904 | 1,070,990 | 15 |
| 16 | Equipment, at Historical Cost | 125,963 | 1,634,176 | 16 |
| 17 | Accumulated Depreciation (book methods) | (66,108) | (1,608,323) | 17 |
| 18 | Deferred Charges | | | 18 |
| 19 | Organization & Pre-Operating Costs | | | 19 |
| | Accumulated Amortization - | | | |
| 20 | Organization & Pre-Operating Costs | | | 20 |
| 21 | Restricted Funds | | | 21 |
| 22 | Other Long-Term Assets (specify): | | | 22 |
| 23 | Other(specify): | | | 23 |
| 24 | TOTAL Long-Term Assets (sum of lines 11 thru 23) | \$ 87,759 | \$ 13,639,588 | 24 |
| 25 | TOTAL ASSETS (sum of lines 10 and 24) | \$ 1,364,190 | \$ 15,099,538 | 25 |

| | | 1 Operating | 2 After Consolidation* | |
|----|---|----------------|---------------------------|----|
| | C. Current Liabilities | | | |
| 26 | Accounts Payable | \$ 3,147,387 | \$ 3,147,387 | 26 |
| 27 | Officer's Accounts Payable | | | 27 |
| 28 | Accounts Payable-Patient Deposits | 50,381 | 50,381 | 28 |
| 29 | Short-Term Notes Payable | | | 29 |
| 30 | Accrued Salaries Payable | 260,335 | 260,335 | 30 |
| | Accrued Taxes Payable | | | |
| 31 | (excluding real estate taxes) | 13,782 | 13,782 | 31 |
| 32 | Accrued Real Estate Taxes(Sch.IX-B) | | 31,374 | 32 |
| 33 | Accrued Interest Payable | | 80,910 | 33 |
| 34 | Deferred Compensation | | | 34 |
| 35 | Federal and State Income Taxes | | | 35 |
| | Other Current Liabilities(specify): | | | |
| 36 | Accrued exp/ins/sales tax | 55,462 | 55,462 | 36 |
| 37 | Due to affiliates & 3rd parties | 2,953,144 | 3,393,553 | 37 |
| 38 | TOTAL Current Liabilities (sum of lines 26 thru 37) | \$ 6,480,491 | \$ 7,033,184 | 38 |
| | D. Long-Term Liabilities | | | |
| 39 | Long-Term Notes Payable | | | 39 |
| 40 | Mortgage Payable | | 12,528,037 | 40 |
| 41 | Bonds Payable | | | 41 |
| 42 | Deferred Compensation | | | 42 |
| | Other Long-Term Liabilities(specify): | | | |
| 43 | | | | 43 |
| 44 | | | | 44 |
| 45 | TOTAL Long-Term Liabilities (sum of lines 39 thru 44) | \$ | \$ 12,528,037 | 45 |
| 46 | TOTAL LIABILITIES (sum of lines 38 and 45) | \$ 6,480,491 | \$ 19,561,221 | 46 |
| 47 | TOTAL EQUITY (page 18, line 24) | \$ (5,116,301) | \$ (4,461,683) | 47 |
| 48 | TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47) | \$ 1,364,190 | \$ 15,099,538 | 48 |

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

| | | 1 Total | |
|----|--|----------------|------|
| 1 | Balance at Beginning of Year, as Previously Reported | \$ (3,621,654) | 1 |
| 2 | Restatements (describe): | | 2 |
| 3 | | | 3 |
| 4 | | | 4 |
| 5 | | | 5 |
| 6 | Balance at Beginning of Year, as Restated (sum of lines 1-5) | \$ (3,621,654) | 6 |
| | A. Additions (deductions): | | |
| 7 | NET Income (Loss) (from page 19, line 43) | (1,494,647) | 7 |
| 8 | Aquisitions of Pooled Companies | | 8 |
| 9 | Proceeds from Sale of Stock | | 9 |
| 10 | Stock Options Exercised | | 10 |
| 11 | Contributions and Grants | | 11 |
| 12 | Expenditures for Specific Purposes | | 12 |
| 13 | Dividends Paid or Other Distributions to Owners | () | 13 |
| 14 | Donated Property, Plant, and Equipment | | 14 |
| 15 | Other (describe) | | 15 |
| 16 | Other (describe) | | 16 |
| 17 | TOTAL Additions (deductions) (sum of lines 7-16) | \$ (1,494,647) | 17 |
| | B. Transfers (Itemize): | | |
| 18 | | | 18 |
| 19 | | | 19 |
| 20 | | | 20 |
| 21 | | | 21 |
| 22 | | | 22 |
| 23 | TOTAL Transfers (sum of lines 18-22) | \$ | 23 |
| 24 | BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23) | \$ (5,116,301) | 24 * |

* This must agree with page 17, line 47.

Facility Name & ID Number Alden of Waterford # 0042036 Report Period Beginning: 01/01/2004 Ending: 12/31/2004

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

| 1 | | | |
|-----|--|--------------|-----|
| | Revenue | Amount | |
| | A. Inpatient Care | | |
| 1 | Gross Revenue -- All Levels of Care | \$ 7,451,321 | 1 |
| 2 | Discounts and Allowances for all Levels | () | 2 |
| 3 | SUBTOTAL Inpatient Care (line 1 minus line 2) | \$ 7,451,321 | 3 |
| | B. Ancillary Revenue | | |
| 4 | Day Care | | 4 |
| 5 | Other Care for Outpatients | | 5 |
| 6 | Therapy | (60,873) | 6 |
| 7 | Oxygen | 14,677 | 7 |
| 8 | SUBTOTAL Ancillary Revenue (lines 4 thru 7) | \$ (46,196) | 8 |
| | C. Other Operating Revenue | | |
| 9 | Payments for Education | | 9 |
| 10 | Other Government Grants | | 10 |
| 11 | Nurses Aide Training Reimbursements | | 11 |
| 12 | Gift and Coffee Shop | | 12 |
| 13 | Barber and Beauty Care | 1,923 | 13 |
| 14 | Non-Patient Meals | | 14 |
| 15 | Telephone, Television and Radio | | 15 |
| 16 | Rental of Facility Space | | 16 |
| 17 | Sale of Drugs | 10,008 | 17 |
| 18 | Sale of Supplies to Non-Patients | | 18 |
| 19 | Laboratory | (12,484) | 19 |
| 20 | Radiology and X-Ray | (180) | 20 |
| 21 | Other Medical Services | 199,011 | 21 |
| 22 | Laundry | | 22 |
| 23 | SUBTOTAL Other Operating Revenue (lines 9 thru 22) | \$ 198,278 | 23 |
| | D. Non-Operating Revenue | | |
| 24 | Contributions | | 24 |
| 25 | Interest and Other Investment Income*** | 787 | 25 |
| 26 | SUBTOTAL Non-Operating Revenue (lines 24 and 25) | \$ 787 | 26 |
| | E. Other Revenue (specify):**** | | |
| 27 | Settlement Income (Insurance, Legal, Etc.) | | 27 |
| 28 | Various-see Page 19A | 1,478 | 28 |
| 28a | | | 28a |
| 29 | SUBTOTAL Other Revenue (lines 27, 28 and 28a) | \$ 1,478 | 29 |
| 30 | TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29) | \$ 7,605,668 | 30 |

| 2 | | | |
|----|---|----------------|----|
| | Expenses | Amount | |
| | A. Operating Expenses | | |
| 31 | General Services | 1,231,177 | 31 |
| 32 | Health Care | 2,202,508 | 32 |
| 33 | General Administration | 2,016,744 | 33 |
| | B. Capital Expense | | |
| 34 | Ownership | 1,301,192 | 34 |
| | C. Ancillary Expense | | |
| 35 | Special Cost Centers | 2,294,342 | 35 |
| 36 | Provider Participation Fee | 54,352 | 36 |
| | D. Other Expenses (specify): | | |
| 37 | | | 37 |
| 38 | | | 38 |
| 39 | | | 39 |
| 40 | TOTAL EXPENSES (sum of lines 31 thru 39)* | \$ 9,100,315 | 40 |
| 41 | Income before Income Taxes (line 30 minus line 40)** | (1,494,647) | 41 |
| 42 | Income Taxes | | 42 |
| 43 | NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42) | \$ (1,494,647) | 43 |

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? not yet done If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

**** Provide a detailed breakdown of "Other Revenue" on an attached sheet.

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

| | | 1 | 2** | 3 | 4 | |
|----|-------------------------------|---------------------------------|----------------------------------|--|---------------------------|----|
| | | # of Hrs. Actually Worked | # of Hrs. Paid and Accrued | Reporting Period Total Salaries, Wages | Average Hourly Wage | |
| 1 | Director of Nursing | 1,824 | 1,944 | \$ 63,442 | \$ 32.63 | 1 |
| 2 | Assistant Director of Nursing | | | | | 2 |
| 3 | Registered Nurses | 23,988 | 25,125 | 734,424 | 29.23 | 3 |
| 4 | Licensed Practical Nurses | 12,886 | 13,628 | 347,859 | 25.53 | 4 |
| 5 | Nurse Aides & Orderlies | 48,477 | 51,869 | 694,328 | 13.39 | 5 |
| 6 | Nurse Aide Trainees | | | | | 6 |
| 7 | Licensed Therapist | | | | | 7 |
| 8 | Rehab/Therapy Aides | 2,144 | 2,306 | 34,791 | 15.09 | 8 |
| 9 | Activity Director | 2,008 | 2,080 | 38,435 | 18.48 | 9 |
| 10 | Activity Assistants | 9,422 | 9,759 | 107,456 | 11.01 | 10 |
| 11 | Social Service Workers | 1,433 | 1,505 | 32,950 | 21.89 | 11 |
| 12 | Dietician | | | | | 12 |
| 13 | Food Service Supervisor | 1,423 | 1,561 | 33,848 | 21.68 | 13 |
| 14 | Head Cook | 4,689 | 4,955 | 85,620 | 17.28 | 14 |
| 15 | Cook Helpers/Assistants | 29,952 | 31,352 | 271,447 | 8.66 | 15 |
| 16 | Dishwashers | | | | | 16 |
| 17 | Maintenance Workers | 1,824 | 1,897 | 41,788 | 22.03 | 17 |
| 18 | Housekeepers | 13,305 | 13,949 | 92,087 | 6.60 | 18 |
| 19 | Laundry | 4,811 | 5,053 | 35,279 | 6.98 | 19 |
| 20 | Administrator | 1,358 | 1,395 | 67,587 | 48.45 | 20 |
| 21 | Assistant Administrator | 720 | 720 | 23,407 | 32.51 | 21 |
| 22 | Other Administrative | 3,984 | 4,434 | 100,631 | 22.70 | 22 |
| 23 | Office Manager | | | | | 23 |
| 24 | Clerical | 5,862 | 5,944 | 64,217 | 10.80 | 24 |
| 25 | Vocational Instruction | | | | | 25 |
| 26 | Academic Instruction | | | | | 26 |
| 27 | Medical Director | | | | | 27 |
| 28 | Qualified MR Prof. (QMRP) | | | | | 28 |
| 29 | Resident Services Coordinator | 1,928 | 2,008 | 58,883 | 29.32 | 29 |
| 30 | Habilitation Aides (DD Homes) | | | | | 30 |
| 31 | Medical Records | | | | | 31 |
| 32 | Other Health CaClinical SS | 2,056 | 2,080 | 62,789 | 30.19 | 32 |
| 33 | Other(specify) | | | | | 33 |
| 34 | TOTAL (lines 1 - 33) | 174,094 | 183,564 | \$ 2,991,268 * | \$ 16.30 | 34 |

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

| | | 1 | 2 | 3 | |
|----|---------------------------------|--|---|---|----|
| | | Number of Hrs. Paid & Accrued | Total Consultant Cost for Reporting Period | Schedule V Line & Column Reference | |
| 35 | Dietary Consultant | monthly | \$ 9,600 | 1-3 | 35 |
| 36 | Medical Director | monthly | 82,800 | 10-3 | 36 |
| 37 | Medical Records Consultant | | | | 37 |
| 38 | Nurse Consultant | | | | 38 |
| 39 | Pharmacist Consultant | monthly | 2,376 | 10-3 | 39 |
| 40 | Physical Therapy Consultant | | | | 40 |
| 41 | Occupational Therapy Consultant | | | | 41 |
| 42 | Respiratory Therapy Consultant | | | | 42 |
| 43 | Speech Therapy Consultant | | | | 43 |
| 44 | Activity Consultant | 32 | 1,708 | 11-3 | 44 |
| 45 | Social Service Consultant | 8 | 444 | 11-3 | 45 |
| 46 | Other(specify) | | | | 46 |
| 47 | Alzheimer's Consultant | 113 | 6,108 | 11-3 | 47 |
| 48 | | | | | 48 |
| 49 | TOTAL (lines 35 - 48) | 153 | \$ 103,036 | | 49 |

C. CONTRACT NURSES

| | | 1 | 2 | 3 | |
|----|---------------------------|--|----------------------------|---|----|
| | | Number of Hrs. Paid & Accrued | Total Contract Wages | Schedule V Line & Column Reference | |
| 50 | Registered Nurses | | \$ n/a | | 50 |
| 51 | Licensed Practical Nurses | | | | 51 |
| 52 | Nurse Aides | | | | 52 |
| 53 | TOTAL (lines 50 - 52) | | \$ | | 53 |

XIX. SUPPORT SCHEDULES

| A. Administrative Salaries | | | | D. Employee Benefits and Payroll Taxes | | | F. Dues, Fees, Subscriptions and Promotions | |
|--|-----------------------------|-------------|------------|--|--------|---------|---|-----------|
| Name | Function | Ownership % | Amount | Description | | Amount | Description | Amount |
| Rugg, L | administrator | | \$ 48,105 | Workers' Compensation Insurance | \$ | 121,882 | IDPH License Fee | \$ |
| Panaligan, J | administrator | | 19,482 | Unemployment Compensation Insurance | | 24,261 | Advertising: Employee Recruitment | 1,087 |
| Nhim, V | ass't administrator | | 23,407 | FICA Taxes | | 223,660 | Health Care Worker Background Check | |
| | | | | Employee Health Insurance | | 27,869 | (Indicate # of checks performed 44) | 306 |
| | | | | Employee Meals | | 16,752 | Surety bond fees | 867 |
| | | | | Illinois Municipal Retirement Fund (IMRF)* | | | Extended Care Info Network | 165 |
| | | | | Union health & welfare | | 52,317 | IL Health Care Assoc | 3,985 |
| | | | | Dental, life, pension | | 19,860 | Related party-AMS | 233 |
| TOTAL (agree to Schedule V, line 17, col. 1) | | | | Empl relations/misc p/r,tuition | | 4,169 | | |
| (List each licensed administrator separately.) | | | \$ 90,994 | Empl drug tests & vaccinations | | 4,625 | | |
| B. Administrative - Other | | | | Mktg mgr benefit deduction | | (4,830) | Less: Public Relations Expense | () |
| Description | | | Amount | | | | Non-allowable advertising | () |
| | | | \$ | | | | Yellow page advertising | () |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| TOTAL (agree to Schedule V, line 17, col. 3) | | | \$ | TOTAL (agree to Schedule V, line 22, col.8) | \$ | 490,565 | TOTAL (agree to Sch. V, line 20, col. 8) | \$ 6,643 |
| (Attach a copy of any management service agreement) | | | | E. Schedule of Non-Cash Compensation Paid to Owners or Employees | | | G. Schedule of Travel and Seminar** | |
| C. Professional Services | | | | Description | Line # | Amount | Description | Amount |
| Vendor/Payee | Type | | Amount | | | | Out-of-State Travel | \$ |
| AMS | Management fees | \$ | 569,651 | | | | | |
| Dana Consulting | 401k plan | | 400 | | | | | |
| KPMG/MediCom | Acc'ting/Billing consulting | | 297 | | | | | |
| Leader Stat | RN recruiting | | 7,500 | | | | In-State Travel | |
| Mayer, Brown,Rowe &Maw | Legal fees-r/e tax appeal | | 10,269 | | | | Gas expense | 7,912 |
| Kenneth Fisch | Legal fees-collections | | 8,252 | | | | Ins,lic, repairs,misc | 324 |
| Law Offices of Chicago-Kent | Workers comp cases | | 401 | | | | Related party-AMS | 5,789 |
| Janet Hermann/Amer Arb Assoc | Legal fees:collections | | 2,750 | | | | Seminar Expense | |
| Trimble & Jewell, PC | Legal fees:non-collections | | 325 | | | | Alzheimers Assoc | 250 |
| Kenneth Fisch | Legal fees:non-collections | | 10,375 | | | | IHCA seminars | 885 |
| Neal,Gerber&Eisenberg | Legal fees:non-collections | | 261 | | | | | |
| Dart Chart | Medicare consultant | | 83,520 | | | | Entertainment Expense | () |
| TOTAL (agree to Schedule V, line 19, column 3) | | | | TOTAL | | \$ | (agree to Sch. V, line 24, col. 8) | |
| (If total legal fees exceed \$2500 attach copy of invoices.) | | | \$ 694,001 | | | | TOTAL | \$ 15,160 |

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Alden of Waterford

0042036

Report Period Beginning: 01/01/2004

Ending: 12/31/2004

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? yes
- (2) Are there any dues to nursing home associations included on the cost report? yes
If YES, give association name and amount. IL Health Care Assoc \$5,841
- (3) Did the nursing home make political contributions or payments to a political action organization? yes If YES, have these costs been properly adjusted out of the cost report? yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? no If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? yes
What was the average life used for new equipment added during this period? 10 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 13,885 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? no
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO x If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. \$ 54,352
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? no If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? no For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 16,752 Has any meal income been offset against related costs? yes Indicate the amount. \$ 425
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? no
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? no If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained? yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? yes
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? yes
g. Does the facility transport residents to and from day training? no
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? no
Firm Name: _____ The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? _____ If no, please explain. Audit not required
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? yes
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? yes
Attach invoices and a summary of services for all architect and appraisal fees.

Alden of Waterford Rehab & Health Care Center

IDPH Facility ID Number004-2036

Reporting Period Beginning1/01/04

Reporting Period Ending12/31/04

Reclassifications - Pgs 3 and 4

| From Line | To Line | Amount | Description |
|-----------|---------|--------------|-----------------|
| 2 | | (16,752) | Employee Meal |
| | 22 | 16,752 | Employee Meal |
| 22 | | (4,340) | Uniforms |
| | 10 | 3,115 | Uniforms |
| | 1 | 386 | Uniforms |
| | 3 | 756 | Uniforms |
| | 11 | 23 | Uniforms |
| | 21 | 60 | Uniforms |
| | | <div>0</div> | Net should be 0 |